

LLC-12

17-431040

FILED Secretary of State

MAR 09 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.) 2. 12-Digit Secretary of State File Number Products

2013/06/0267

3. State, Foreign Country or Place of Organization (only if formed outside of California)

a. Street Address of Principal Office - Do not list a P.O. Box Lantern#2	222 Dana Point	State	72629
b. Mailing Address of LLC, If different than Item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

If no managers have been appointed or elected, provide the name and address of each member. At least one name <u>and</u> address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions). 5. Manager(s) or Member(s)

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	-<	Suffix
b. Entity Name - Do not complete Item 5a ROCKStar ProductS	<u></u>	T THE	1 /	
c. Address 32565 B. Golden Lawern #2	City (no abbreviations)	Point	CA ZAZ	629
6 Service of Process (Must provide either Individual OR Composition)				

INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address

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a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		Suffix
ERIL Ga		Tippe	<u> </u>]
b. Street Address (if agent is not a corporation) - Qo not enter a P.O. Box	City (no abbreviations)		State Zip Code	
1 Ocean Ridge	Lagun	aNiguel	CA 92	677
CORDORATION Complete them So only Only include the name of the	majatanad amant Commention	7		

CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b

7. Type of Business

8. Chief Executive Officer, if elected or appointed

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a. First Name	Middle Name	Last Name_	Γ_{c}	Suffix	
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b. Address	City (no abbreviations)		State Zip Coo	10	
32565 B GO Win LUWIVATIZE	2 Dana	How	CH 92	1680	1
9. The information contained herein, including any attachments, is true and correct.					

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. The	Information c	ontained herein, including any attack	hments, is true and co	rect.		
3	101/17	Everition	elts	CEO	6	2
Date		Type or Print Name of Person Completin	g the Form	Title	Signature	
eturn A	Address (Option	nal) (For communication from the Secretar	ry of State related to this do	cument, or if purchasing	a copy of the filed document	enter the name or a

person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Rockstar Products
32565 B. Golden Landern #222
L Dana Point, Ca 92629 Name: Company: Address: City/State/Zip: